

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL							
OMB Numbe	OMB Number: 3235-0076						
Expires:							
Estimated av	Estimated average burden						
hours per res	ponse	e 16	6.00				
SEC USE ONLY							
	SE ON						
Prefix		Serial					
L							
DATE RECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  The Met LLC Series A Preferred Membership Interests  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	07074242
The Met LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code) 1210 Boylston Street, Newton MA 02467	Telephone Number (Including Area Code) 617-731-0600
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Owning and operating restaurants.	PROCESSED
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed  limited liability	olease specify): AUG 1 5 2007  Ity company
Month Year  Actual or Estimated Date of Incorporation or Organization: Old	THOMSON FINANCIAL

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	. 26		ENTIFICATION DATA	1.0	and the second s
2. Enter the information re	-	_			
		suer has been organized w			
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issue
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and
<ul> <li>Each general and r</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<del></del>	
Kathy Sidell Trustman					
Business or Residence Addre 1210 Boylston Street, Ne	•	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	✓ General and/or   Managing Partner
Full Name (Last name first, i Carl Goldberg	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		<del></del>
1210 Boylston Street, Nev	vton MA 02467				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Chase Chavin	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	<del></del> -	
1210 Boyiston Street, Ne	wton MA 02467				
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Met Club Manager, LLC (	manager of issu	ier)			
Business or Residence Addre 1210 Boylston Street, No			ode)	·-····································	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i The Metropolitan Club, I			· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre 1210 Boylston Street, Ne					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<u> </u>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	
	(Use bla	ink sheet, or copy and use	additional copies of this	sheet, as necessary	)

•				В. П	VFORMATI	ON ABOU	T OFFERI	NG				
											Yes	No
1. Has the	issuer solo	i, or does ti							-			[F]
2 What is	tha minim	um investn			Appendix,		_				s 100	00.000
											Φ	<del></del>
3. Does th	e offering	permit join	t ownershi	p of a sing	le unit?				••••		E E E On )	No
commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok are than five	ers in conne er or deale (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	irectly, any he offering. with a state ons of such		
Full Name (I		first, if ind	ividual)					<del></del>	•			
Business or		Address (N	lumber and	Street Ci	tv State 7	in Code)		<del></del>				
Dusiness of	Residence	71001035 (1	·uiiiooi uiic	i Burcot, Ci	ty, 51410, 12	.p codo,						
Name of Ass	sociated B	roker or De	aler									
States in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit I	urchasers						
(Check	"All States	s" or check	individual	States)	,					•••••	☐ All	States
AL	[AK]	AZ	ÄR	CA	<u>[CO]</u>	CT	(DE)	DC	FL	(GA)	HI	ΠD
(IL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	<u>IN</u>	NM	NY	NC	ND	OH)	OK)	OR	PA
RI	SC	SD	[TN]	TX	UT	VT	[VA]	WA	$\overline{WV}$	WI	$\overline{WY}$	PR
Full Name (	Last name	first, if ind	ividual)							, <u>, , , , , , , , , , , , , , , , , , </u>		
Business or	Residence	Address (	Number an	d Street, C	ity, State, 2	Zip Code)				<del>.</del> . <u> </u>		
Name of Ass	oninted D	roker or De				· · · ·				<del>-</del>		<del></del>
Name of As	ociated Di	lokel of De	aici									
States in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers						
(Check	"All State:	s" or check	individual	States)	,,,	***************************************	**************	***************************************	***************************************	***************************************	☐ All	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS)	MO
MT	NE	NV	NH TOTAL	NJ	NM TTT	NY VT	NC	ND	OH)	OK]	OR	PA
RI	SC	SD	[TN]	TX	ŪT]	VT	VA	WA	WV)	WI	WY	PR
Full Name (	Last name	first, if ind	ividual)									
Business or	Residence	Address (	Number an	d Street, C	ity, State, 2	Zip Code)			•		<del></del> .	
Name of As	sociated B	roker or De	aler								<del></del>	
States in Wi	ich Parcor	a Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers		<del></del>				
	(Check "All States" or check individual States)											
AL	AK	ΙAΖ	[AR]	CA	CO	[ČT]	DE	DC	FL	GA	HI	ID ]
IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX)	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k				
	Type of Security	(	Aggregate Offering Pric		A	Amount Already Sold
	Debt	\$_			\$_	
	Equity	\$_			<b>S</b> _	
	Common Preferred					
	Convertible Securities (including warrants)	\$_			\$_	
	Partnership Interests				\$_	
	Other (Specify preferred limited liability company interests)	\$_	2,000,000.	00	\$_	875,000.00
	Total	\$_	2,000,000.	.00	\$_	875,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	Monthe			Aggregate
			Number Investors			Dollar Amount of Purchases 875,000.00
	Accredited Investors		· · · · · · · · · · · · · · · · · · ·			
	Non-accredited Investors		•			<u> </u>
	Total (for filings under Rule 504 only)	-	•		3	)
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security			Dollar Amount Sold
	Rule 505			_	\$	S
	Regulation A				\$	<u></u>
	Rule 504				\$	3
	Total	_	<u> </u>	_	\$	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees				\$_	
	Printing and Engraving Costs		********	Z	٠.	500.00
	Legal Fees			Z	\$_	50,000.00
	Accounting Fees			abla	\$_	2,500.00
	Engineering Fees				Ψ_	0.00
	Sales Commissions (specify finders' fees separately)		***,*,*****			0.00
	Other Expenses (identify)		*****		\$_	0.00
	Total			$\Box$	\$	53,000.00

L	C. OFFERING PRICE, NUM	MBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS		
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C – proceeds to the issuer."		oss	\$	
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an estimate a of the payments listed must equal the adjusted gro	ınd		
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees			\$ 0.00	
	Purchase of real estate			\$ 0.00	
	Purchase, rental or leasing and installation of mand equipment	5 <u>0.00</u>	□\$ 0.00		
	Construction or leasing of plant buildings and fa	🗀 \$ <u>0.00</u>	\$ 1,947,000.00		
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	□ € 0.00	□\$ 0.00	
	Repayment of indebtedness	🔲 🖫	s 0.00		
	Working capital			\$ 0.00	
	Other (specify):		\$ 0.00	\$ 0.00	
			 🔲 \$	_ 🗆 \$	
	Column Totals		\$ 0.00	\$ 1,947,000.00	
	Total Payments Listed (column totals added)	🗹 \$ <u>-1</u>	<b>☑</b> \$ <u>1,947,000.00</u>		
		D. FEDERAL SIGNATURE			
sig	sissuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchange Com	mission, upon writte	ule 505, the following en request of its staff,	
lss	ner (Print or Type)	Signature	Date	7-2-7	
Th	e Met LLC	Hor Toma	7/1/4	1201	
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		<del></del>	
Kat	hy Sidell Trustman	President, The Metropolitan Club, Inc.			

(The Metropolitan Club, Inc. is the manager of Met Club Manager, LLC, which, in turn, is the manager of The Met LLC (the issuer)).



- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)